

Figure 1 (PRIOR ART)

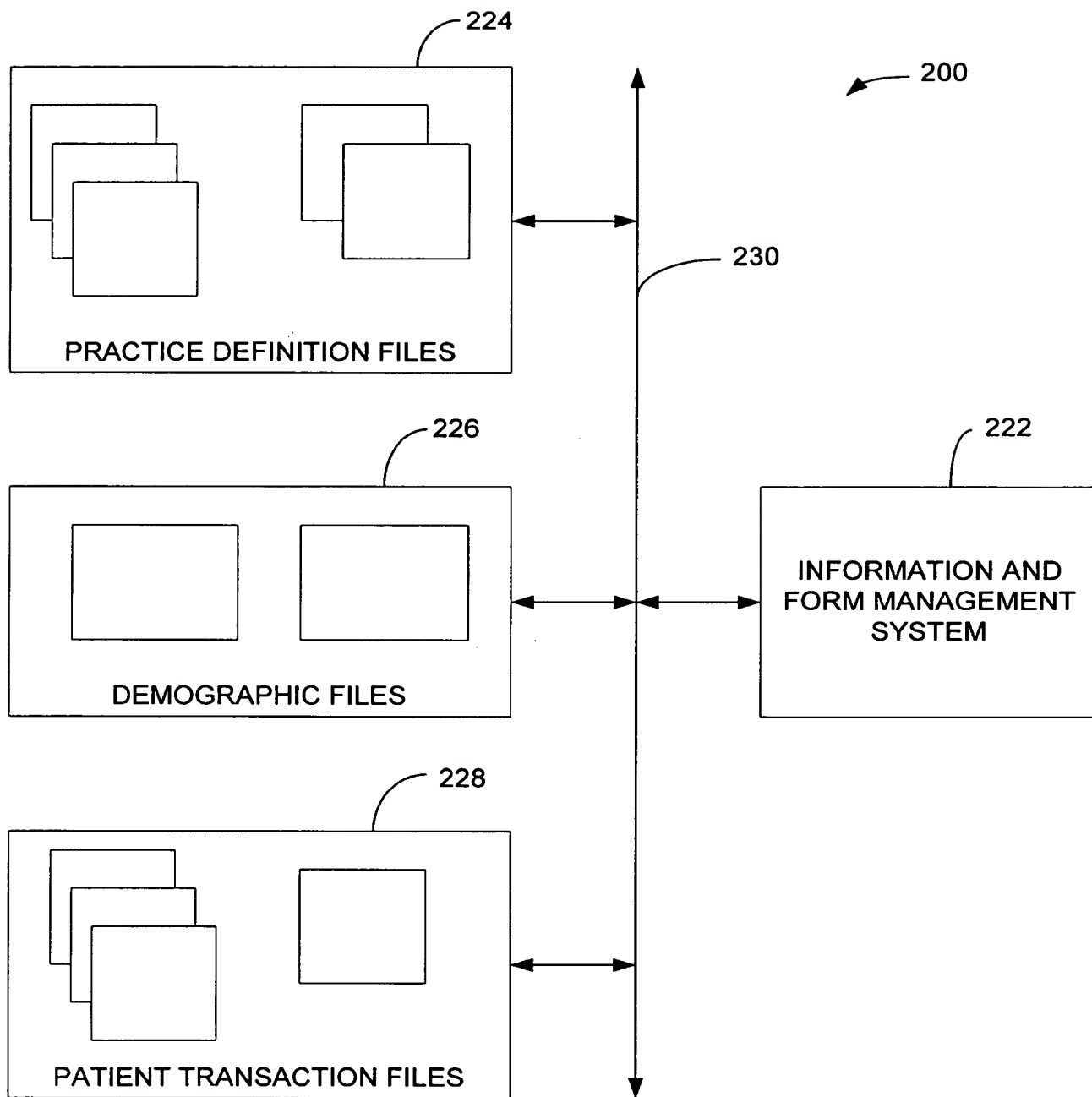


FIG. 2

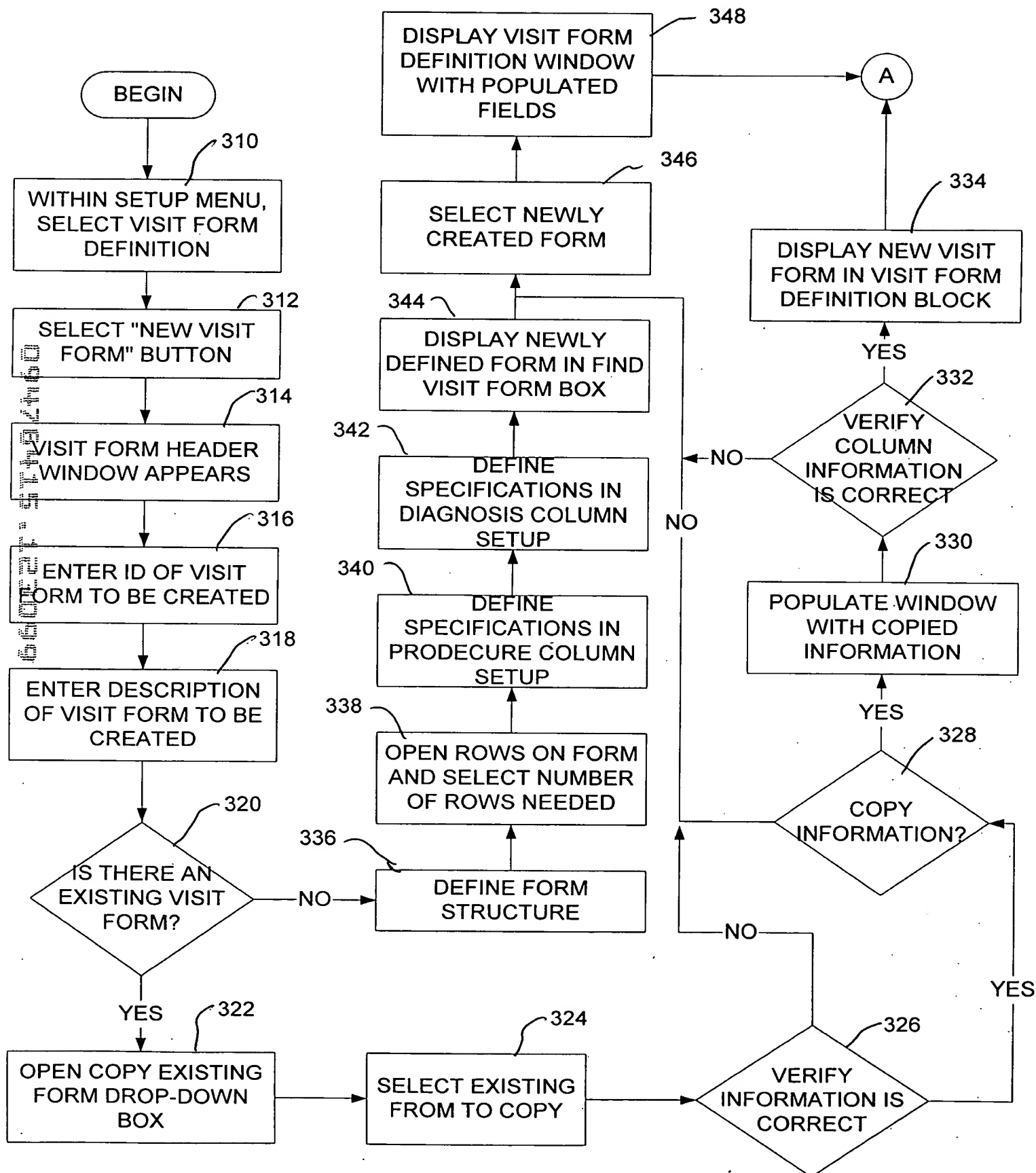


FIG. 3A

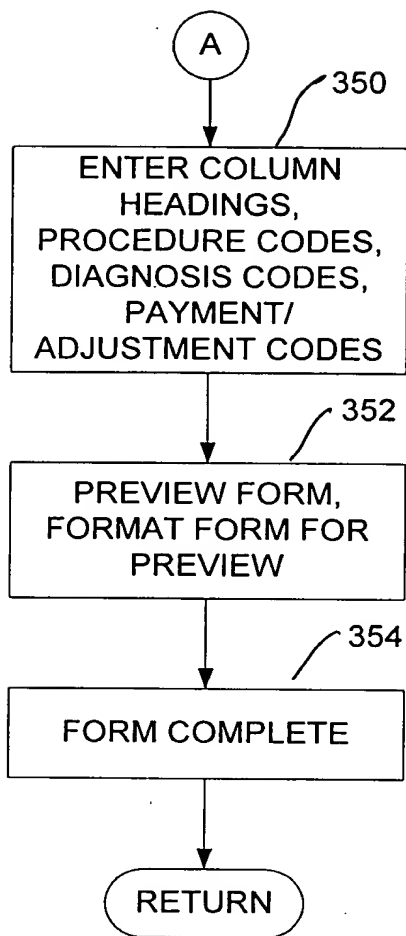


FIG. 3B

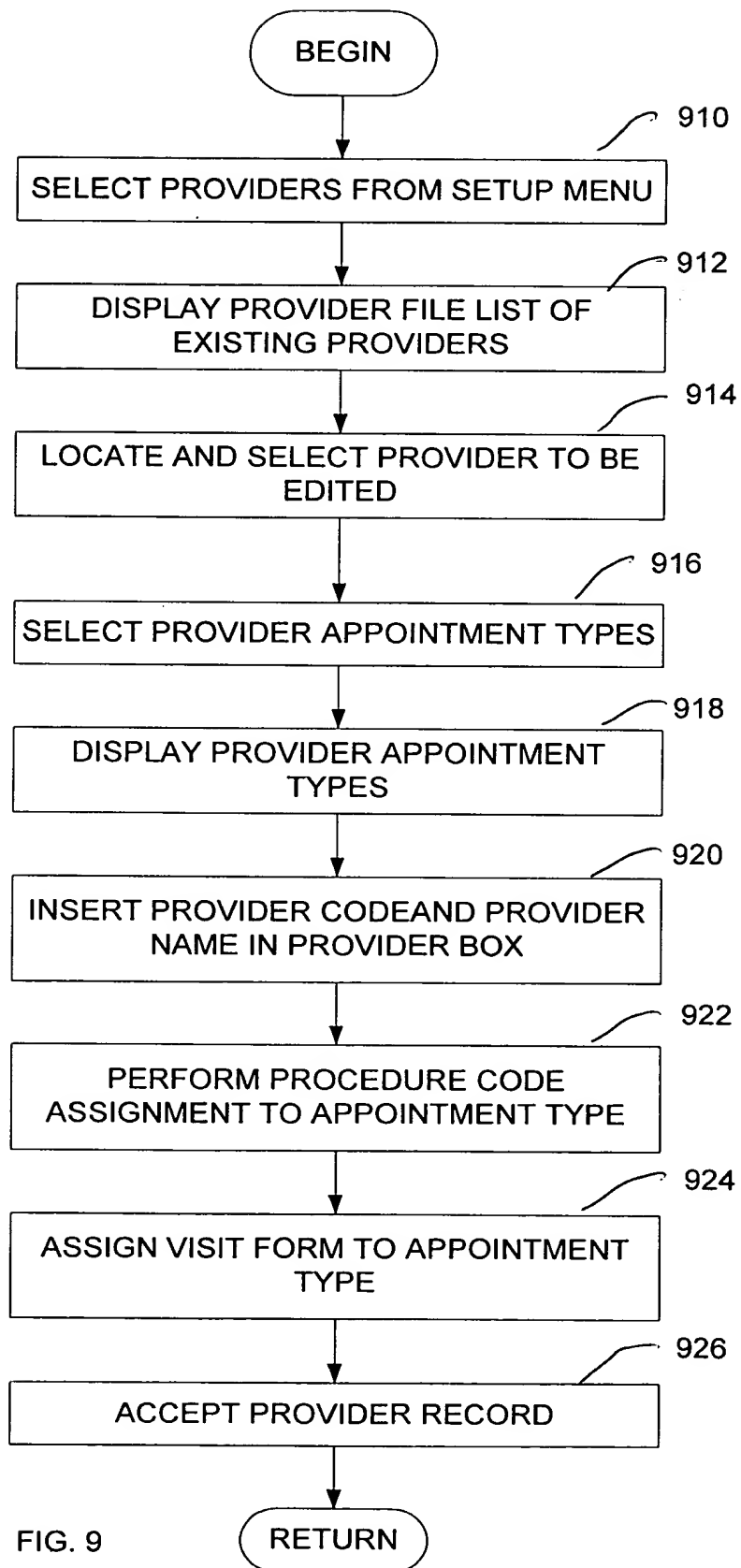


FIG. 9

6606227 " 57492460

412 414 416 418 420 410

Visit Form Header

Visit Form ID: Status:

Description:

Copy Existing Form:

Procedure Column Setup

Column	Width	Column Heading	Align	Fld
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis Column Setup

Column	Width	Column Heading	Align	Fld
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rows On Form: 0

Max Col Width:

Selected Col Width:

FIG. 4A

416 410 422 424

Visit Form Header

Visit Form ID: Status:

Description:

Copy Existing Form:

Procedure Column Setup

Column	Width	Column Heading	Align	Fld
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Diagnosis Column Setup

Column	Width	Column Heading	Align	Fld
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rows On Form: 0

Max Col Width:

Selected Col Width:

A/R

Creating form BLD from BLC-OK?

A/R

Copy detail lines also?

FIG. 4B

412 414 416 418 420 410

Visit Form Header

Visit Form ID: BLD Status: Unlocked

Description: Sample Visit Form (2)

Copy Existing Form: BLC-Sample Form Unlocked

OK Cancel Delete Lock Form

Procedure Column Setup

Column	Width	Column Heading	Align	Fld
1	2.50	Description	L	D
2	0.70	Code	L	C
3	0.70	Amount	R	A
4				
5				

Rows On Form: 112 Max Col Width: 3.95 Selected Col Width:

Diagnosis Column Setup

Column	Width	Column Heading	Align	Fld
1	2.50	Description	L	D
2	0.70	Code	L	C
3	0.20	Flag	L	F

FIG. 4C

512 510

Visit Form Definition

Visit Form ID: Description: Status: Find Visit Form: BLC-Sample Form

Row Code Description Hdrng File Type

0

Select CPT: Select Diagnosis: Select Adjs/Pmts:

Total Rows: 112 Columns: 2 Rows Per Col: 56

OK Cancel Add/Update Delete Row Clear Selection Refresh New Visit Form Visit Form Hdr Form Preview Move Rows Up Move Rows Down

FIG. 5

514

516 518 510

Visit Form Definition

Visit Form ID: Description: Status: Find Visit Form:

Row	Code	Description	Hdng	File Type

Row: Code: Description: Hdng: File Type:

Select CPT: Select Diagnosis: Select Adjs/Pmts:

Row Size: Total Rows: Columns: Rows Per Col:

Buttons: OK, Cancel, Add/Update, Delete Row, Clear Selection, Refresh, New Visit Form, Visit Form Hdr, Form Preview, Move Rows Up, Move Rows Down

FIG-6

SECRET "ST-92760

710

Provider Setup

Code	Name	City	ST	Zip Code	Form	Type
DMF	Joe Q. Doe	Anytown	AD	54321		
DON	Joe Q. Doe	Anytown	AD	54321		
LAB	ABC Laboratory	Anytown	AD	54321		
NUR	Nurse-Joe Q. Doe					
RWC	Robert W. Smith	Anycity	AD	55321		
111	Linda M. Brown	Anycity	AD	55321		

Buttons: OK, Add/Update, Delete, Clear, Refresh, Add Info, Appt Types

Code: Name/Address: City: ST: Zip Code: Visit Form: Title/Phones:

Provider Type:

FIG. 7

810

Provider Appointment Types

Provider: Robert W. Smith

Appt Type	Description	Procedure	Description
CL	Contact Lens Check	99211	Office Visit Level 1-Established Patient
EX	Exam w/refraction	99211	Office Visit Level 1-Established Patient
PO	Post-Op	56984	CAT Post Op
VF	Visual Field	92082	Visual Field Intermediate

Buttons: OK, Add/Update, Delete, Clear Selection, Refresh

Appt Type: CL Description: Contact Lens Check Procedure: 99211 Description: Office Visit Level 1-Est Visit Form: CL Description: Contact Lens Visit Form

Select Appt Type: 92310 Select Visit Form Code:

Find Procedure:

F16-8

1112

1110

Business Functions

From: 05/03/1999 To: 05/03/1999 Provider: Facility:

☐ Process All Displayed

☒ Display Patients Not Seen ☐ Display Seen Not Posted

☒ Display Patients Seen ☒ Display No Show Patients

☐ Print Visit Forms ☐ Post From Visit Forms

☐ Print Reg Forms ☐ Flag Patients as Seen

☐ Print Ins Forms ☐ Flag Patients as No Show

☐ Print Schedule Roster ☐ Create Patient Recalls

Insurance: Comp: Smry:

☐ Pull Full Date Range

☐ Electronic ☐ Paper

☐ Duplicate Insurance

☐ Process Duplicates

☐ Include Late Charges

☐ Late Charges Only

☐ Primary Forms

☐ Secondary Forms

May 1999

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Buttons: Run, Print Preview, Select/Refresh, Registration, Visit Detail, Materials Bid, Reset Ins Sell

Date	Provider	Time	SS#/Pat Id	Last Name	First Name	Phone	Visit No	Fac	Appt	Status
05/03/1999	RWC	09:00 AM	374992061	Anderson	Susan	555-444-2938	81	02	OV	
05/03/1999	RWC	09:30 AM	387240322	Gatlin	Kathryn	555-444-2938	87	02	OV	
05/03/1999	RWC	10:00 AM	1000	Gatlin	Micah	555-444-2938	0	02	OV	
05/03/1999	RWC	10:30 AM	203849203	Hopkins	David	555-444-3829	84	02	EX	
05/03/1999	RWC	11:00 AM	593220948	Johnson	John	555-444-4767	0	02	VF	
05/03/1999	RWC	01:00 PM	393208229	Stanley	Adam	555-444-0850	50	02	OV	Pat Seen LT Trans Post
05/03/1999	RWC	01:30 PM	396699969	Stanley	Heather	555-444-0850	80	02	OV	
05/03/1999	RWC	02:00 PM	1016	England	Arthur	555-444-5739	0	02	CL	
05/03/1999	RWC	03:00 PM	1015	Donaldson	Eric	555-444-0328	0	02	OV	

F16.11

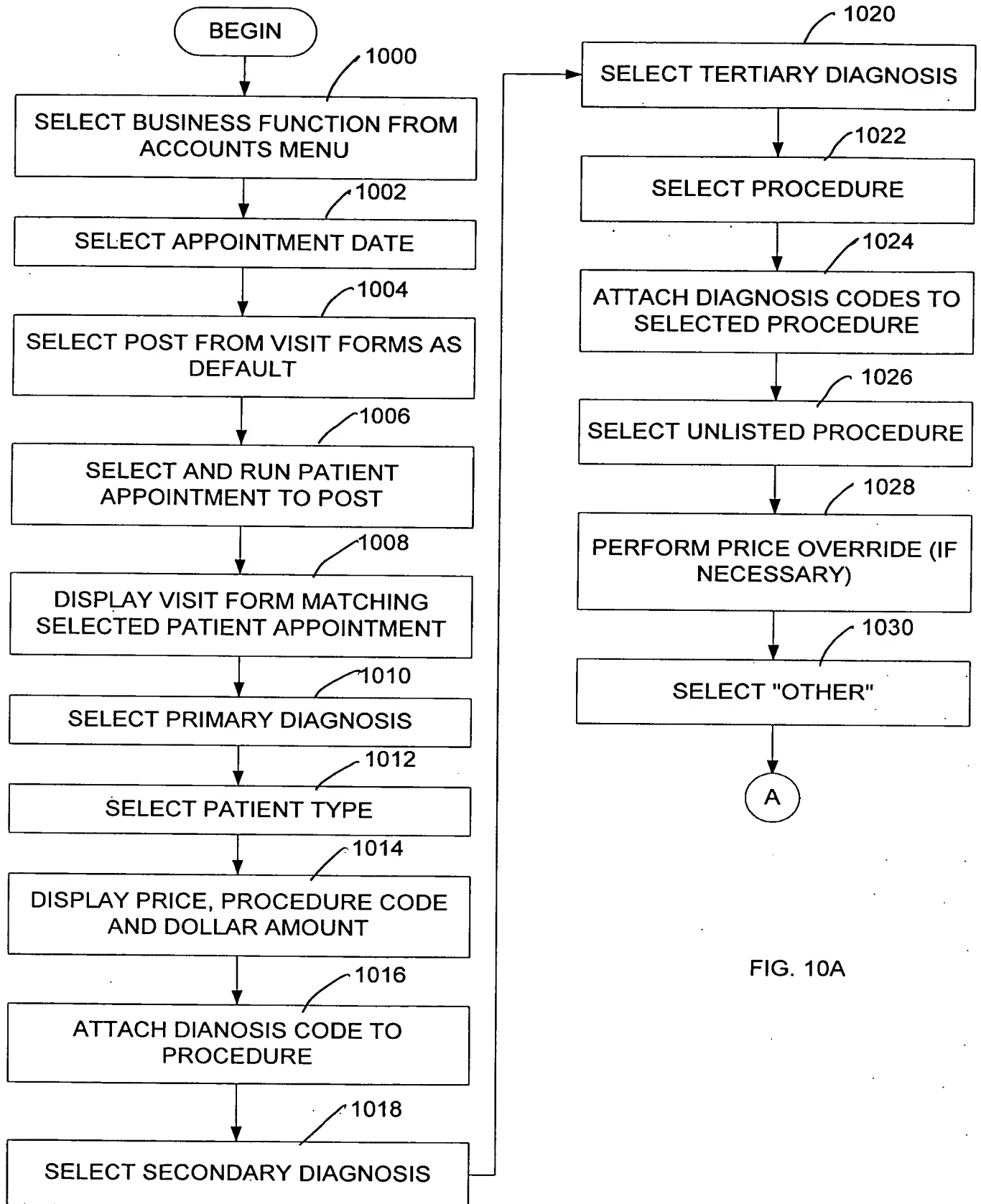


FIG. 10A

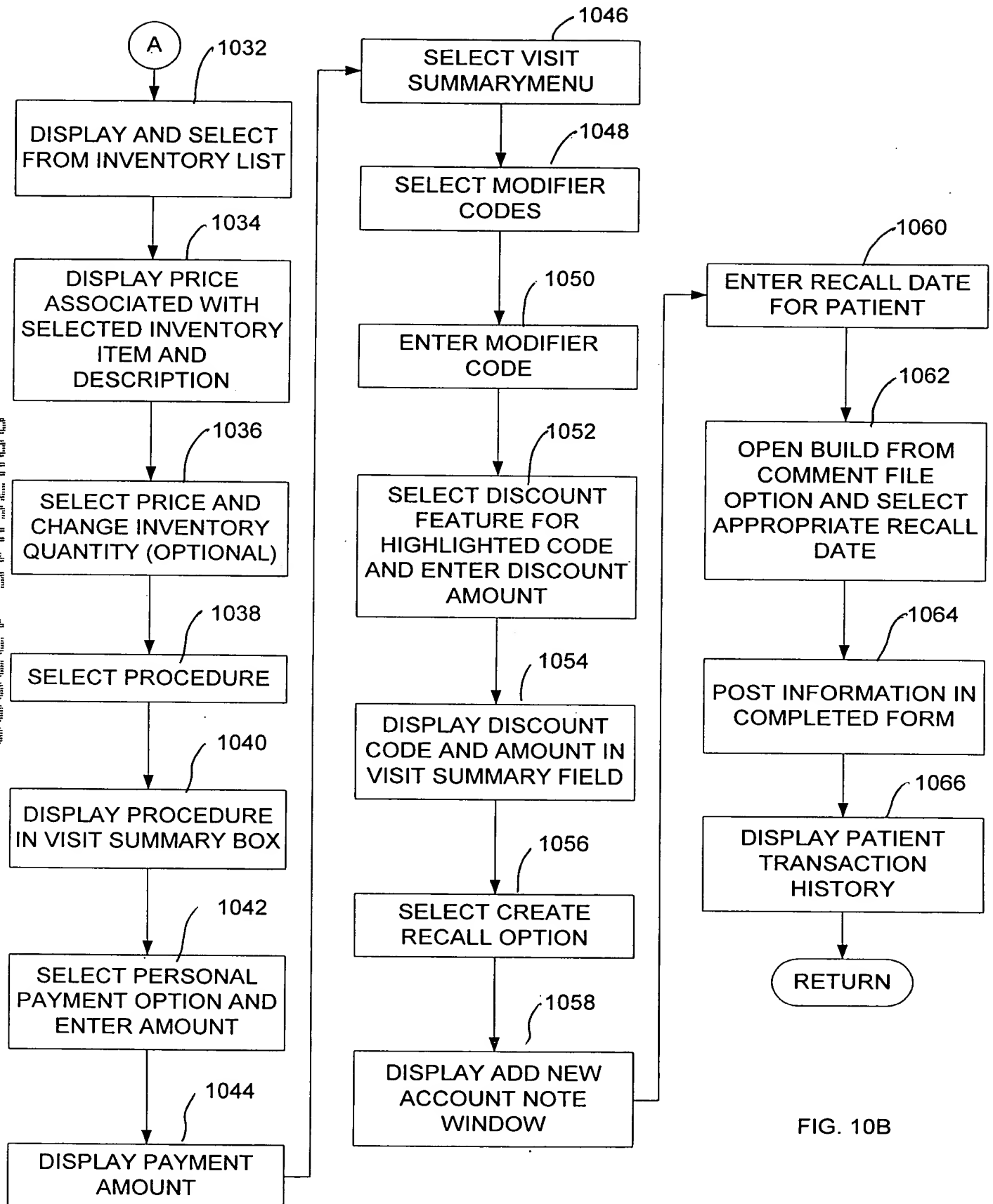


FIG. 10B

7) The Visit Form (that matches any appointment type match or default) will appear

1210

Eye Care Clinic				Visit # 81
Appointment Date 05-03-1999		Appointment Time 09:00		Account Number 1000
Patient Name / SSN Anderson, Susan F 374992031		Date of Birth / Age 07-23-1977 21		Provider Robert W. Coulter
Address 1234 Miller Rd Anywhere, KS 55555		Insurance Company BCBS1		Home Phone 888-111-4444 Work Phone 888-111-4444 Account Balance (prior to visit) 3,660.50

EVALUATION AND MANAGEMENT SERVICES		MEDICAL DIAGNOSIS/TREATMENT		RWC
New Patient		Foreign Body Removal (superficial)		65205
Office Visit Level 1 - New Patient	99210	Conjunctival Foreign Body Removal		65210
Office Visit Level 2 - New Patient	99202	Corneal Foreign Body Removal (w/o slit lamp)		65220
Office Visit Level 3 - New Patient	99203	Corneal Foreign Body Removal (w/slit lamp)		65222
Office Visit Level 4 - New Patient	99204	Scraping of cornea for culture		65430
Office Visit Level 5 - New Patient	99205	Removal of corneal epithelium (abrasion, curet)		65435
Intermediate Exam - New Patient	92002	With application of chelating agent		65436
Comprehensive Exam - New Patient	92004	Correction of Trichiasis, Epilation		67820
Refraction - New Patient	92015	Closure of Lacrimal Puncture by Plug		68761
Established Patient		Dilation of Lacrimal Puncture		68800
		Probing of Nasolacrimal Duct		68820
Office Visit Level 1 - Established Patient	99211	Probing of Lacrimal Canaliculi		68840
Office Visit Level 2 - Established Patient	99212	Unlisted Procedure, lacrimal system		68899
Office Visit Level 3 - Established Patient	99213	Glucose screening		62948
Office Visit Level 4 - Established Patient	99214	Culture, Bacterial, Definitive; Bleeding		67040
Office Visit Level 5 - Established Patient	99215	Culture or direct Bacterial Identification Method		87072
Intermediate Exam - Est. Patient	92012	Culture, Bacterial, any source, Anaerobic		87075
Comprehensive Exam - Est. Patient	92014	Culture, Fungi, Def. ID of each Fungus		87101
RK Post OP	99024	Smear, Primary Source		87205
CAT Post Op	56984			
		CONTACT LENS SERVICES		
Special Ophthalmological Services		Fitting/Contact Lens, Material/Disease		92070
Gonioscopy	92020	CL Diagnosis/Adaption		92310
Visual Field Limited	92081	Aphakia (one eye)		92311
Serial Tonometry	92100	Aphakia (two eyes)		92312
Ophthalmoscopy Ext.	92225	Modification/Clean and Polish		92325
Ophthalmoscopy, Sub. Ext.	92226	OTHER - Contact Lens Materials		CL
Fundus Photography	92250			
Ophthalmodynamometry	92260	GLASSES SERVICES		
External Ocular Photography	92285	Frame Services		FRAME
		Ophthalmic Lens Treatment		LENS
DIAGNOSIS		DIAGNOSIS		
Astigmatism (regular)	367.21	Allergic conjunctivitis		372.14
Astigmatism (irregular)	367.22	Foreign Body - Conjunctivitis		930.10
Hyperopia	367.0	Hemorrhage subconjunctival		372.72
Malingering	V65.2	Cornea abrasion		918.1
Myopia	367.1	Black eye		921.0
Presbyopia	367.4	Blepharitis		373.00
Spasm of accommodation	367.53	Chalazion		373.2
Suppression	368.31	Allergic dermatitis		373.32
Transient change	367.81	Lid Lesion		373.9
Aniseikonia	367.32	Eye pain		379.91
		Macular degeneration		362.50
Albinism	270.2	Peripheral degeneration		362.60
Amblyopia	368.00	Retinal hole		361.31
Arteriosclerosis	440.9	Hemorrhage		379.23
Asthenopia (photophobia)	368.13	Vitreous Floaters		379.24
Bells palsy	351.0			
Burn of eye and adnexa	940.9	Patient Co-Pay		COPAY
Color deficiencies	368.5	Personal Payment - Cash		PPCA
Covergence insufficiency	378.83	Personal Payment - Check		PPCK
Diabetes history	250	Discount		DISC
Diplopia	368.2			
Dizziness	780.4			
		VISIT TOTAL		

660221 5749460

1210

Category Code	CL	Cancel	OK
V25211 - Contact Lenses Soft Toric Disposable		6.50	1
			22.00
S123 - Soft Contact Lenses			
S124 - Hard Contact Lenses			
V2510 - Contact Lens 02			
V2510B1 - Contact Lenses Bifocal 02			
V2511 - Contact Lens Soft Toric 02			
V2520 - Contact Lenses Soft			
V25201 - Contact Lenses Soft Disposable			
V2520B1 - Contact Lenses Soft Bifocal			
V2521 - Contact Lenses Soft Toric			
V25211 - Contact Lenses Soft Toric Disposable			
CL Diagnosis/Adaption		92070	
Aphakia (one eye)		92310	
Aphakia (two eyes)		92311	
Modification/Clean and Polish		92312	
OTHER - Contact Lens Materials		92325	
		CL	

F16.13

1410

Add New Account Note [X]

Account Number	1000	Add Note
Account Name	Anderson, Jeremy	
Patient Number	374992031 Susan	
Follow Up Date		
Select Note Type Code	R - Recalls	
Provider Code	RWC - Robert W. Coulter	
Contact Name		
Build From Comment File		
Note		

F1614

06/17/1999		Eye Care Clinic					Page 1	
Transaction History For Account 1000 (Anderson, Jeremy) from 7-1999								
Period	TranDate	Patient Name	Type	Code Description	Amount	Qty	Visit	Batch
8-1999	06/17/1999	Anderson, Susan	C	99214 Office Visit Level 4-Est Patient	60.00	0	167	VT
8-1999	06/17/1999	Anderson, Susan	A	BCWO BlueCross/Blue Shield Write-off	-10.00	0	167	VT ADJ
8-1999	06/17/1999	Anderson, Susan	C	65205 Foreign Body Removal	60.00	0	167	VT
8-1999	06/17/1999	Anderson, Susan	A	BCWO BlueCross/Blue Shield Write-off	-10.00	0	167	VT ADJ
8-1999	06/17/1999	Anderson, Susan	C	68899 Unlisted Procedure, lacrimal sys	22.00	0	167	VT
8-1999	06/17/1999	Anderson, Susan	C	V2020 COn tact Lens Materials	20.00	0	167	VT
8-1999	06/17/1999	Anderson, Susan	P	PPCK Personal Payment-Check	-50.00	0	167	VT
8-1999	06/17/1999	Anderson, Susan	C	TAX Sales Tax	1.25	0	167	VT ADJ
8-1999	06/17/1999	Anderson, Susan	A	DISC Discount	-2.00	0	167	VT
8-1999				Subtotal for this Period	91.25 **			
				Current Account Total Due	3,751.75 ***			

FIG. 16

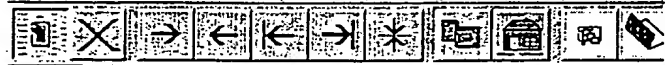
060627 5149460

1510

1520

EIS - Eye Care Information Services - Visit Form Entry

File Edit Accounts Transactions Statements Reports Setup View Window Help



Visit Form Entry

Eye Care Clinic

Appointment Date	06-17-1999	Appointment Time	11:30	Account N
Patient Name / SSN	Anderson, Susan M	F	374992031	Date of Birth
Address 1234 Miller Rd				Insurance
Anywhere, KS 55555				

Visit Number: 167
Patient Ins: 18CBS1
Skip This Visit Post W/Receipt Cancel Post

Trans CD	Description	Amount	Allowed	Pat. Resp	Ins. Due	Diags
99214	Office Visit Level 4 - Established Patient	60.00	50.00	0.00	50.00	367.1
65205	Foreign Body Removal (superficial)	60.00	50.00	0.00	50.00	367.1 930.10
68899	Unlisted Procedure, lacrimal system	22.00	22.00	0.00	22.00	367.1 930.10
CL V2	Contact Lenses Soft-Toric Disposable	20.00	20.00	0.00	20.00	367.1 930.10
PPCK	Personal Payment - Check	50.00	50.00	50.00	0.00	367.1 930.10
Tax	State Sales Tax	1.25	1.25	1.25		
Discount	Discount	-2.00	-2.00	-2.00		
Total		111.25	91.25	40.75	132.00	

Create Recall [Discount] Diagnosis 367.1 930.10 918.1 Modifier Codes 50

EVALUATION AND MANAGEMENT SERVICES

New Patient	
Office Visit Level 1 - New Patient	99210
Office Visit Level 2 - New Patient	99202
Office Visit Level 3 - New Patient	99203
Office Visit Level 4 - New Patient	99204
Office Visit Level 5 - New Patient	99205
Intermediate Exam - New Patient	92002
Comprehensive Exam - New Patient	92004
Refraction - New Patient	92015

Established Patient	
Office Visit Level 1 - Established Patient	99211
Office Visit Level 2 - Established Patient	99212
Office Visit Level 3 - Established Patient	99213
Office Visit Level 4 - Established Patient	99214 60.00
Office Visit Level 5 - Established Patient	99215
Intermediate Exam - Est. Patient	92012
Comprehensive Exam - Est. Patient	92014
PRK Post OP	99024
CAT Post OP	56984

Special Ophthalmological Services

Gonioscopy	92020
Visual Field Limited	92081
Serial Tonometry	92100
Ophthalmoscopy Ext.	92225
Ophthalmoscopy, Sub. Ext.	92226
Retardus Photography	92250
Ophthalmodynamometry	92260
External Ocular Photography	92285

MEDICAL DIAGNOSIS/TREATMENT

Foreign Body Removal (superficial)	65205	60.00
Conjunctival Foreign Body Removal	65210	
Corneal Foreign Body Removal (w/o slit lamp)	65220	
Corneal Foreign Body Removal (w/slit lamp)	65222	
Scraping of cornea for culture	65430	
Removal of corneal epithelium (abrasion, curettage)	65435	
With application of chelating agent	65436	
Correction of Trichiasis, Epilation	67820	
Closure of Lacrimal Puncture by Plug	68761	
Dilation of Lacrimal Puncture	68800	
Probing of Nasolacrimal Duct	68820	
Probing of Lacrimal Canaliculi	68840	
Unlisted Procedure, lacrimal system	68899	22.00
Glucose screening	62948	
Culture, Bacterial, Definitive, Blood	67040	
Culture or direct Bacterial Identification Method	67072	
Culture, Bacterial, any source, Anaerobic	67075	
Culture, Fungi, Def. ID of each Fungus	67101	
Smear, Primary Source	67205	

CONTACT LENS SERVICES

Fitting/Contact Lens, Material/Disease	92070	
CL Diagnosis/Adeption	92310	
Aphakia (one eye)	92311	
Aphakia (two eyes)	92312	
Modification/Clean and Polish	92325	
OTHER - Contact Lens Materials	CL	20.00

GLASSES SERVICES

Frame Services	FRAME	
Ophthalmic Lens Treatment	LENS	

F1615